

NOV 24 1937

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

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1. PLACE OF DEATH

County Taney
Township Branson
City Branson (No.)

Registration District No. 859
Primary Registration District No. 6128

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Morey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 31 1858</u>		
7. AGE <u>78</u> YEARS	MONTHS <u>8</u>	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Coldwater Mich.</u>
	13. NAME <u>Sherman Sweetfall</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dixon</u>
	15. MAIDEN NAME <u>Cynthia Howland</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rochester New York</u>
	17. INFORMANT (ADDRESS) <u>Mrs. Frank Morey</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Branson Cemetery</u> DATE <u>10/17 1937</u>	
19. UNDERTAKER (ADDRESS) <u>T. J. Whitchell Branson Mo</u>	
20. FILED <u>10/17</u> 1937 <u>John A. Baxter</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Oct. 13 1937</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>July 17 1937</u> to <u>Oct 11 1937</u> . I last saw him alive on <u>Oct 11 1937</u> . Death is said to have occurred on the date stated above, at <u>9 P. m.</u> The principal cause of death and related causes of importance were as follows: <u>Myocardial Infarction</u> <u>Coronary Occlusion</u> Other contributory causes of importance: <u>Arteriosclerosis</u>
Name of operation Date of What test confirmed diagnosis? Was there an autopsy? <u>No</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19..... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>Wm B. Matchee</u> M. D. (Address) <u>Branson, Mo</u>

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

